PMD69
ACCESS TO IMPORTED MEDICAL DEVICES DUE TO INFLATION AND UNDER FUNDING OF ARGENTINIAN HEALTH SECTOR IN 2013
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OBJECTIVES: During 2013, Argentina (AR) suffered severe currency depreciation (above 32%) and an annual inflation rate of 28%. Increases in imported medical devices' prices (MDs) plus a weakened AR peso might have impacted their access. The objective of this research was to evaluate the impact of the 2013 Argentinian economic crisis in the healthcare (HC) sector and the access of imported medical devices. **METHODS:** Specific analysis to evaluate MDs' cost in HC system (private payers and providers) was performed. Primary cost information was obtained and analyzed from the HC System and ADECRA (Argentinian Healthcare Private Providers Association). The information includes inflation-adjusted costs incurred by the provision of HC services (labor costs, medical and non-medical supplies, among others). From the manufacturer perspective, the mean percentage of MDs' price increase and the sales amount of implantable joints prosthesis were considered and compared both in local currency and USD. **RESULTS:** During 2013, the government allowed private payers to increase their fees by 25.5%. As a consequence, labor costs increased by 25.7%, affecting private payers and providers. For private healthcare providers, the cost to deliver care rose to 26.9%, whereas medical supplies and devices' increase was 33.4%. Manufacturers raised their prices in 22%, while their sales rose in 28% in local currency, but only 5% in USD. **CONCLUSIONS:** 2013 AR crisis affected the HC system. HC providers were mainly harmed as the result of price increases for MDs and supplies above the increase of its charges (services fees paid by the private system) and even below the ADECRA index (30%), which rose up to 200% compared to 2010. This represents a burden for payers, who had to absorb the price increase for the high cost of imported MDs in order to provide access to their population.

PMD70
OFFICE-BASED UTERINE POLYPECTOMY USING A MINIMALLY INVASIVE HYSTEROSCOPIC TISSUE REMOVAL DEVICE SAVES HEALTHCARE RESOURCES
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OBJECTIVES: Abnormal uterine bleeding (AUB) is an increasingly frequent complaint of women visiting gynecologists' offices. Uterine polyps, a common etiology, are traditionally removed in hospitals or ambulatory surgery centers (ASCs). A minimally invasive hysteroscopic tissue removal system (TRUCLEAR™, Smith&Nephew) (HTRS) allows a shift of care site to office hysteroscopy (OH) with at least equal effectiveness plus increased patient convenience and safety. Current procedural coding does not allow offices to bill payers for HTRS so OH using HTRS loses money. HTRS advantages include patients are seen and treated during a single office visit, experience shorter procedure times, may avoid preliminary medications and general anesthesia, and return to activity sooner. Patient and payer expenses could be reduced because overall costs of an office procedure are lower than those performed at hospitals or ASCs. **METHODS:** A mutually beneficial OH fee schedule for patients, offices and Blue Cross and Blue Shield of North Carolina (BCBS-NC) was determined. A global procedure fee estimated frequency of use of HTRS devices during OH. Immediate treatment also avoids the need to schedule treatment at a later time in the hospital or ASC. Avoiding the higher overhead charges of hospitals or ASCs for staff, operating and recovery rooms, plus general anesthesia allowed an increase in office reimbursement that offset HTRS cost while BCBS-NC realized a net reduction in overall payments. **RESULTS:** A pilot program in October 2013 – November 2014 increased allowable OH charges resulting in about $1500 higher payment for OH with estimated per procedure savings of as much as nearly $2000 for patients, from lower insurance deductibles, and $2800 to BCBS-NC compared to what they would have paid for the procedure in a hospital or ASC. **CONCLUSIONS:** Shifting the site of service through payment modification allowed all stakeholders to benefit from improved financial and clinical outcomes.

PMD71
UTILIZATION OF COLORECTAL SCREENING BY MEDICARE BENEFICIARIES IN YEARS 2009 AND 2011: A CROSS-SECTIONAL STUDY
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OBJECTIVES: During the last 30 years, a significant decrease in annual cancer incidence rates was noted for colon and rectum, largely attributable to the utilization of colorectal screening services. This trend accelerated in recent years as these tests allow a doctor to localize and remove polyps of a precancerous character. The U.S. Preventive Services Task Force assigned grade A recommendation for colorectal screening beginning at age 50 and continuing until age 75 years. Moreover, the adoption of Patient Protection and Affordable Care Act resulted in an increased access to preventive services by eliminating all cost-sharing for colorectal screening among Medicare beneficiaries effective January 2011. The aim of this study is to investigate whether the new policy had an impact on the utilization of colorectal screening among Medicare beneficiaries after January 2011. **METHODS:** This study used Medicare Current Beneficiary Survey (MCBS) Access to Care and Cost and Use files for years 2009 and 2011. Both community-dwelling and institutionalized Medicare beneficiaries between 50 and 75 years of age were included into the study. Beneficiaries who underwent colectomy or who had colorectal cancer in any period included in the analysis were excluded. **RESULTS:** Results show no statistical significance in colorectal screening utilization before and after January 2011. The absolute numbers of patients who utilized preventative services in 2009 (N=782) and 2011 (N=776) were comparable. However, fewer MCBS respondents utilized colorectal screening in 2012. **CONCLUSIONS:** Results for years 2009 and 2011 suggest no impact of the policy changes on the utilization of colorectal screening services. For the 2012 sample, it is possible that MCBS beneficiaries might have used preventive screening within the previous year which resulted in underutilization of those services in 2012. Further research should extend the period of analysis to investigate whether observed decrease remains unchanged over time.

PMD72
BATTLING FEAR: A POTENTIAL KEY TO IMPROVING COLORECTAL CANCER SCREENING
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OBJECTIVES: Colorectal cancer (CRC) is largely preventable using screening to detect and remove adenomatous polyps during flexible sigmoidoscopy (FS) and colonoscopy, or to identify early-stage cancers with fecal occult blood testing (FOBT) and fecal immunochemical testing (FIT). Despite the proven efficacy of CRC screening (CRCS), screening rates remain relatively low. Patient's psychological barriers seem to affect participation in CRCS. We conducted a comprehensive review of the literature to identify psychological barriers associated with CRCS. **METHODS:** We conducted a systematic review of studies reporting on psychological factors and colorectal cancer screening from 2004 to 2014 using MEDLINE/PubMed and Google Scholar. Limiting the search to the English language reports, the search strategy involved combining (a) colorectal cancer screening-related key words (eg, "cancer," "screening," "adherence," "colonoscopy," "sigmoidoscopy," "chemotherapy") and (b) words pertaining to or synonymous with fear (eg, "fear," "anxiety," "embarrassment," "belief). **RESULTS:** Of the 17 articles identified, 11 explored general barriers among the U.S. population, while the other 6 examined specific barriers such as fear, disgust, perceptions, attitudes, knowledge, and medical mistrust. Six of the studies were qualitative studies, 4 were quantitative study, 3 used a mixed methods approach and 4 were reviews. Sample sizes varied from 23-55 subjects in the qualitative studies; and 151-454 subjects in the quantitative studies. Common perceived barriers included mistrust of the healthcare system, embarrassment of being undressed in front of a provider, the nature of the screening exam itself, fear of being a burden to the family, and fatalism. **CONCLUSIONS:** The results of this study demonstrate that psychological factors such as fear of the test itself, of cancer diagnosis, of burdening family members, and embarrassment play a role in determining whether patients would opt for CRCS. In order to improve the quality of care and successfully increase screening rates for CRC, overcoming these barriers is of utmost importance.

PMD73
HEALTH ECONOMIC MODEL TO MEASURE THE IMPACT OF A STEMI INITIATIVE IN ROMANIA
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OBJECTIVES: ST-segment elevation myocardial infarction (STEMI) is a leading cause of global morbidity and mortality, comprising 25-40% of MI presentations, with varying outcomes. 5-6% of patients die before leaving hospital, and 7-18% of discharged patients die within one year. In Romania, the annual mortality rate is 14.5% for admitted patients. An Excel-based model was developed to assess the clinical and economic impact of different treatment strategies for STEMI patients in Romania. **METHODS:** This model uses data from the Romanian National Registry, Romanian Heart Foundation, and CC Iliescu Heart Institute to evaluate STEMI treatment scenarios based on disease awareness, timely hospital admissions, and treatment with PCI, versus alternative approaches such as thrombolytics or no reperfusion. 2009-2014 outcomes were modeled year-over-year for sequential STEMI cohorts. Prospective outcomes through 2019 were modeled to calculate the value of continued investment in STEMI management. Model inputs included morbidity and mortality, labor productivity (measured by average wage), direct treatment costs, and disease burden (measured by disability-adjusted life-years and value of a statistical life). Outputs were calculated up to one year after initial STEMI event, and calculated separately for hospital-admitted and non-admitted populations, with the latter group divided by treatment pathway: PCI, thrombolytics, no reperfusion, or CABG. **RESULTS:** From 2009-2014, an investment of 20.8 million € in interventional cardiology and catheterization laboratories resulted in 2,197 lives saved, with cost savings of 21.6 million € from improved productivity. Prospective calculations through 2019 show an investment of 14.2 million € would result in 1,528 lives saved, with cost savings of 12.3 million €. **CONCLUSIONS:** From 2009-2014, Romanian healthcare expenditures to improve STEMI management strategies showed favorable clinical outcomes when more patients were managed with PCI. This mortality reduction suggests that continued national investment in STEMI management could further improve these rates, with greater cost savings achieved as a result.

PMD74
EFFECTS OF AUTOLOGOUS FAT GRAFTING SYSTEMS ON INPATIENT OPERATING ROOM TIME AND COSTS: A HOSPITAL BUDGET IMPACT ANALYSIS
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OBJECTIVES: Use of operating rooms (OR) in hospitals contributes significantly to the total cost of inpatient care. Autologous fat grafting (AFG) is a process of re-injecting a patient's own fat to treat soft tissue defects in surgeries. The objective was to compare the impact of a new AFG system, Revolve versus centrifugation on OR time and costs. **METHODS:** Data from literature, conference posters and surgeon survey (n=30) were used. Cost of OR included staff wages and facility costs, and adjusted for inflation to 2014 USD. Mean time of completing AFG was estimated using rate and volume of fat injected reported in posters. Inputs required for projection such as mean number of AFG procedures per year for a hospital were obtained from survey. Per case incremental differences in OR cost for Revolve versus centrifugation was estimated by dividing volume of fat injected by rate of AFG and multiplying by OR cost prior to subtracting